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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # 410800



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State Katherine Harris

02-24-1999 90110 007 ***150.00

	OMPUTER GRAPHICS, INC.				•				
Principal Plac	e of Business	Mailing Address	-			-		III vir ii v irii	BIB() BIBII (BB)
6135 NW 167TH		6135 NW 167TH ST							
E11 E11						20.1107.14701	TE (A) TIUO	00405	
MIAMI LAKES FL 33015 MIAMI LAKES FL 33015						DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed			
						10/16/1972 4. FEI Number		- 11	Applied For
— ·	Place of Business	2a. Mailing Address							Not Applicable
21	4 -4-	Suite, Apt. #, etc.	-			59-1453507			Additional
Suite, Apt.	. #, etc.	27				5. Certificate of Status Desired			Required
22 City & Sta	te	City & State				6. Election Campaign Financing		\$5.0	May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Countr	у		8. This corporation owes the curr	rent year Int	angible	
24	25	⊢	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current					10. Name and Address of New I	Registered	Agent	
			81	1 Nar	ne				
	LKIN, JOEL M ESQ.		82	2 Stre	et Addre	ess (P.O. Box Number is Not Accept	able)		
	PONCE DE LEON BLVD		1						
	OND FLOOR		83	3					
COR	AL GABLES FL 33146		84	4 City	,			85 Zi	p Code
			1				FL	.	•
agent. I a	am raminar with, and accept the congati	ons of, Section 607.0505, Flor	ida Statute:	S.		oration submits this statement for the n's board of directors. I hereby acce			
agent. I a	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	S.		when reinstating)	DATE		
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:) DIRECTORS	Registered Age	s. ent signat			DATE		TORS IN 12
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE	s. ent signat		when reinstating)	DATE	ND DIREC	TORS IN 12
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND CAPODIFERRO, ANDREW J	and title if applicable. (NOTE:) DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	s. ent signat	ture required	when reinstating)	DATE	ND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND OFFICERS AND CAPODIFERRO, ANDREW J 6135 NW 167TH ST, E11	and title if applicable. (NOTE:) DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. ent signat	ture required	when reinstating)	DATE	ND DIREC	TORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND OPS CAPODIFERRO, ANDREW J 6135 NW 167TH ST, E11 MIAMI LAKES FL 33015	and title if applicable. (NOTE:) DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signat	ture required	when reinstating)	DATE	ND DIREC	TORS IN 12 e ☐ Addition
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14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Capadiferro Pres.

Daytime Phone #